



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
 Department of Land and Natural Resources
WELL COMPLETION REPORT - PART II
Pump Installation

For Official Use Only:

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 587-0225. For updates to this form or additional information, please visit our website at <http://www.hawaii.gov/dlnr/cwrm/>

1. State Well No.: _____ Well Name: _____ Island: _____

2. Well Location Address: _____ Tax Map Key: _____

3. Pump Installation Company: _____

4. Date Pump Installed: _____
month/day/year

5. PERMANENT PUMP INFORMATION

Pump Type, Make, Serial No.: _____

Rated Capacity: _____ gpm at head of: _____ ft.

Motor Type, H.P., Voltage, rpm: _____

Pump type (check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Deep Well Turbine | <input type="checkbox"/> Rotary | <input type="checkbox"/> Propeller |
| <input type="checkbox"/> Submersible | <input type="checkbox"/> Rotary-Displacement | <input type="checkbox"/> Reciprocating |
| <input type="checkbox"/> Centrifugal | <input type="checkbox"/> Rotary-Gear | <input type="checkbox"/> Impulse |

6. Method of flow measurement installed:

- Flowmeter w/ totalizer Manufacturer _____ Model no. _____ Size _____
- Other (salt-water wells only, explain method of approximating pumpage volume)
- None (I understand that I must inform the land owner that it is their responsibility to install a flowmeter at a later date)

7. As-built section filled in completely (refer to attached sheet)

8. Well location and current ownership information filled in completely (refer to attached sheet)
 (note: this section does not need to be filled in if the WCR Part I is submitted at the same time as this form)

9. Attached the rating curve for the installed pump.

10. Attached photographs of: 1) the benchmark on the concrete pad; 2) the well head with landmark in background; 3) the totalizer register (date taken _____); and 4) location of meter relative to well head.

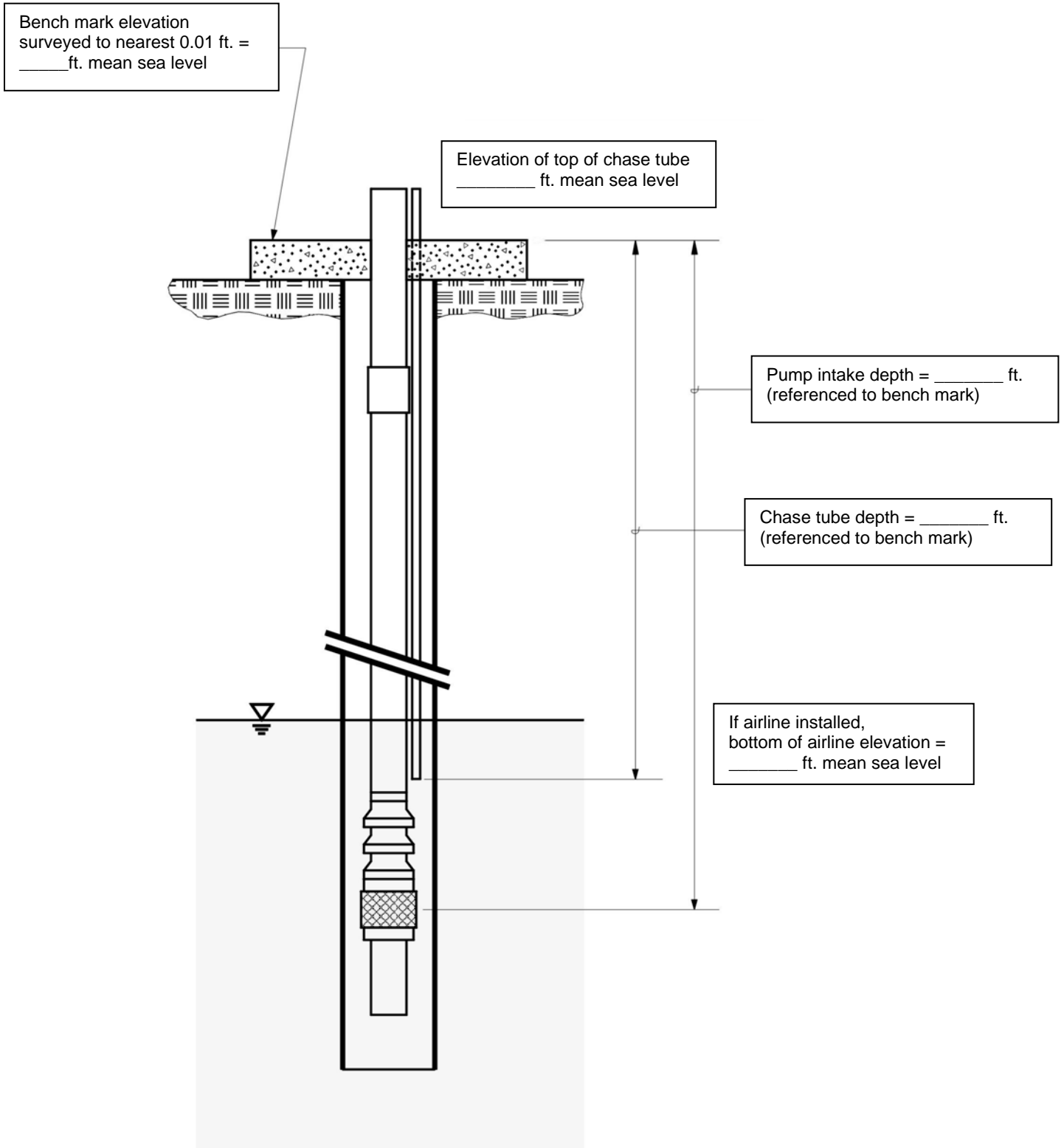
11. Remarks _____

Pump Installation Contractor (print) _____ C-57/C-57a/A Lic. No. _____
 Signature _____ Date _____

7. AS-BUILT PUMP SECTION

(Please attach as-built if different from diagram provided below)

STATE WELL NO. _____



8. WELL LOCATION AND CURRENT OWNERSHIP INFORMATION

STATE WELL NO. _____

Well coordinates (decimal degrees, example - Latitude 21.334303, Longitude -157.962447)

Latitude _____ Longitude _____

Current well owner same as application or new (fill in below)

Company Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Residential Phone _____ Fax _____

E-mail Address _____ Company Website _____

Current land owner same as application or new (fill in below)

Company Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Residential Phone _____ Fax _____

E-mail Address _____ Company Website _____